



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW WHITLEY HOSPITAL

City of Hospital: Columbia City

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Lisa Peppler

Email Address: fp09pepp@embarqmail.com

Medicare Provider Number: 15-0101

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$38342814 |
| Outpatient Patient Service Revenue | \$177553107 |
| Total Gross Patient Service Revenue | \$215895921 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$130667131 |
| Other Deductions | \$3912327 |
| Total Deductions | \$134579458 |

3. Total Operating Revenue

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|-----------------------------|------------|
| Net Patient Service Revenue | \$81316463 |
| Other Operating Revenue | \$2543833 |
| Total Operating Revenue | \$83860296 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$17527571 | Employee Benefits | \$5552869 |
| Depreciation and Amortization | \$2568522 | Interest Expense | \$115921 |
| Bad Debt | \$10658948 | Other Expenses | \$39298856 |
| Total Operating Expenses | \$75722687 | | |

5. Net Revenue and Expenses

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|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses | \$8137608 | Total Assets | \$94167064 |
| Net Non-operating Gains over Loss | \$5266777 | Total Liabilities | \$12384740 |

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|-----------------|------------|
| Total Net Gains | \$13404385 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$78787862 | \$64307798 | \$14480064 |
| Medicaid | \$43152048 | \$38397261 | \$4754787 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$93956011 | \$31874399 | \$62081612 |
| Total | \$215895921 | \$134579458 | \$81316463 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$134798 | \$-134798 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$34819 | \$-34819 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$23615 | \$-23615 |

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| Number of Medical Professionals Trained | 160 |
| Number of Hospital Patients Educated | 108597 |
| Number of Citizens Exposed to Health Education Messages | 41151 |

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| Statement Six: Charity Statement |
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|--------------------------|-----------|
| Hospital Charity Charges | \$3912327 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$880051 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$880051 | \$-880051 |
| Medicaid Shortfalls | \$5672248 | \$9706752 | |
| Subtotal | \$5672248 | \$10586803 | \$-4914555 |
| DSH Payments | \$0 | | |
| Subtotal | \$5672248 | \$10586803 | \$-4914555 |
| Medicare Shortfalls | \$14388409 | \$17722778 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$20060657 | \$28309581 | \$-8248924 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$9211 | \$70125 | \$-60914 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$57942 | \$-57942 |

Comments

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